

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2010

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 490.00)

Completes if Known

| | |
|----------------------|-----------------|
| Application Number | 105/2,714 |
| Filing Date | March 21, 2006 |
| First Named Inventor | David McNeely |
| Examiner Name | SHAH, Tanmay K. |
| Art Unit | 2611 |
| Attorney Docket No. | PIU030264 |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify) _____

Customer Number 24498

 Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments

fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|--------------|----------|--------------|----------|------------------|----------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

$$\text{Fee ($)} = \frac{\text{Fee ($)}}{52} \times 52$$

HP = highest number of total claims paid for, if greater than 20.

Independent ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

$$\text{Fee ($)} = \frac{\text{Fee ($)}}{52} \times 52$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | = |

4. OTHER FEE(S)

Extention of Time Fees

Fees Paid (\$)

490.00

Total Fees

490.00

SUBMITTED BY

| | | | | | |
|-------------------|---------------------|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Michael A. Pugel | Registration No. (Attorney/Agent) | 57,368 | Telephone | 317-587-4027 |
| Signature | / Michael A. Pugel/ | | | Date | November 10, 2010 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Type of Respondent: Individual, Organization, Partnership, Corporation, Association, Trust, Governmental Agency, or Other. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.